



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FILED

04 SEP -1 AM 10:30

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 137467		3. This Statement covers From: 7 23 04 to 8 19 04 Mo Day Year Mo Day Year	
2. Committee Name THE FRANK ROCCA ELECTION COMMITTEE		4. Candidate Last Name ROCCA First Name FRANK M.I. A.	
5. Committee's Mailing Address 27052 BROADMOOR WARREN, MI Area Code and Phone 586-757-2525		4a. Office Sought Including District # or Community Served (If applicable) COUNTY COMMISSIONER DISTRICT 6 4b. County of Residence MACOMB	
6. Treasurer's Name & Residential Address LORRAINE RAPER 27064 BROADMOOR WARREN, MI Area Code & Phone (586) 427-2361		7. Treasurer's Business Address SAME Area Code and Phone ()	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()		9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 08 03 04 Month Day Year	
9c. <input type="checkbox"/> Annual Statement () Coverage Year		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper LORRAINE RAPER, <i>Lorraine Raper</i> Type or Print Name Signature		Date 8 31 04 Mo Day Year	
Candidate FRANK A. ROCCA, <i>Frank A. Rocca</i> Type or Print Name Signature		Date 8 31 04 Mo Day Year	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137467

2. Committee Name TNE FRANK ROCCA

ELECTION COMMITTEE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ -0-

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ _____

Column II
Cumulative this election cycle

(18.) \$ 300.00

(19.) \$ 1650.00

(20.) \$ 1950.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ _____

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ _____

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ _____

(21.) \$ _____

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 94.50

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ _____

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ _____

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 94.50

(23.) \$ 1772.67

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ _____

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ _____

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ _____

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 300.00

b. Owed to the Committee (Schedule 1E)

(12b.) \$ _____

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 271.83

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ _____

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 271.83

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 94.50

17. ENDING BALANCE

(17.) \$ 177.33

(Subtract line 16 from line 15)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137467
2. Committee Name THE FRANK ROCCA ELECTION COMM.

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>STANDARD PRINTING</u> <u>13647 10MILE ROAD</u> Address <u>WARREN, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-19</u> <u>04</u>	<u>\$94.50</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

894.50

994.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137 467
2. Committee Name THE FRANK ROCCA
ELECTION COMMITTEE

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed <u>to</u> or by: <u>FRANK ROCCA</u> <u>27052 BROADMOOR</u> <u>WARREN, MI 48088</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7-05-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

300.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

300.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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